

In re **Mellisa A. Gylland**

Case No. 14-12981
(if known)

SCHEDULE A - REAL PROPERTY

Description and Location of Property	Nature of Debtor's Interest in Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting Any Secured Claim or Exemption	Amount Of Secured Claim
15 Butternut Way Sterling, VA 20164 2014 Loudoun County T/A Value (100% FMV)	Residential Property	-	\$401,560.00	\$369,732.33

Total: \$401,560.00

(Report also on Summary of Schedules)

In re **Mellisa A. Gylland**Case No. 14-12981

(if known)

SCHEDULE B - PERSONAL PROPERTY

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
1. Cash on hand.		Cash	-	\$0.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking: Citizens Bank *5482 (joint w/friend) Checking: Navy Federal CU *7008 Checking: State CU *3062-01 Savings: State CU*3062-00 Checking: Wells Fargo *7976 Savings: Wells Fargo *1707 Checking: Wells Fargo *9548 (custodial acct for minor child) Savings: Wells Fargo *9613 (custodial acct for minor child)	- - - - - - - -	\$576.24 \$5.00 \$33.11 \$0.29 \$327.97 \$11.00 \$1.00 \$1.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video and computer equipment.		Kitchen & Dining Room Items Living Room Items Bedroom Items Entertainment & Electronics House & Garden Tools	- - - - -	\$240.00 \$130.00 \$210.00 \$145.00 \$40.00

In re **Mellisa A. Gylland**Case No. 14-12981

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 1*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Clothing	-	\$200.00
7. Furs and jewelry.		Watches & Jewelry	-	\$110.00
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Cash value life insurance - Dept of VA Term life insurance - through employer only	-	\$337.76
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			

In re **Mellisa A. Gylland**Case No. 14-12981
(if known)**SCHEDULE B - PERSONAL PROPERTY***Continuation Sheet No. 2*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.		Accrued Pay	-	\$4,547.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.		Interest in Inchoate Inheritance	-	\$1.00
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			

In re **Mellisa A. Gylland**Case No. 14-12981

(if known)

SCHEDULE B - PERSONAL PROPERTY*Continuation Sheet No. 3*

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		Edmunds: 2005 Infiniti FX35 w/71k miles (100% FMV)	-	\$6,979.00
		Edmunds: 2006 Kia Sorento w/51k miles (100% FMV)	-	\$4,565.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.		Pets: 1 fish & 2 birds	-	\$10.00

In re Mellisa A. Gylland

Case No. 14-12981
(if known)

SCHEDULE B - PERSONAL PROPERTY

Continuation Sheet No. 4

Type of Property	None	Description and Location of Property	Husband, Wife, Joint, or Community	Current Value of Debtor's Interest in Property, Without Deducting any Secured Claim or Exemption
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			

(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)

4 continuation sheets attached

Total >

\$18,470.37

In re Mellisa A. Gylland

Case No. 14-12981

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:
(Check one box)

Check if debtor claims a homestead exemption that exceeds
\$155,675.*

11 U.S.C. § 522(b)(2)
 11 U.S.C. § 522(b)(3)

Description of Property	Specify Law Providing Each Exemption	Value of Claimed Exemption	Current Value of Property Without Deducting Exemption
15 Butternut Way Sterling, VA 20164 2014 Loudoun County T/A Value (100% FMV)	Va. Code Ann. § 34-4.1	100% of FMV	\$401,560.00
Cash	Va. Code Ann. § 34-4	\$0.00	\$0.00
Checking: Citizens Bank *5482 (joint w/friend)	Va. Code Ann. § 34-4	\$576.24	\$576.24
Checking: Navy Federal CU *7008	Va. Code Ann. § 34-4	\$5.00	\$5.00
Checking: State CU *3062-01	Va. Code Ann. § 34-4	\$33.11	\$33.11
Savings: State CU*3062-00	Va. Code Ann. § 34-4	\$0.29	\$0.29
Checking: Wells Fargo *7976	Va. Code Ann. § 34-4	\$327.97	\$327.97
Savings: Wells Fargo *1707	Va. Code Ann. § 34-4	\$11.00	\$11.00
Checking: Wells Fargo *9548 (custodial acct for minor child)	Va. Code Ann. § 34-4	\$1.00	\$1.00
Savings: Wells Fargo *9613 (custodial acct for minor child)	Va. Code Ann. § 34-4	\$1.00	\$1.00
Kitchen & Dining Room Items	Va. Code Ann. § 34-26(4a)	\$240.00	\$240.00
Living Room Items	Va. Code Ann. § 34-26(4a)	\$130.00	\$130.00
Bedroom Items	Va. Code Ann. § 34-26(4a)	\$210.00	\$210.00
Entertainment & Electronics	Va. Code Ann. § 34-26(4a)	\$145.00	\$145.00
<i>* Amount subject to adjustment on 4/01/16 and every three years thereafter with respect to cases commenced on or after the date of adjustment.</i>		\$9,680.61	\$403,240.61

In re Mellisa A. Gylland

Case No. 14-12981

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Continuation Sheet No. 1

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCT #: L2054	-	DATE INCURRED: NATURE OF LIEN: Homeowners Association Fees COLLATERAL: 15 Butternut Way Sterling, VA 20164 REMARKS:				\$321.11	
Forest Ridge HOA PO Box 493 Sterling, VA 20164		VALUE: \$401,560.00					
ACCT #: 3000019978566*	-	DATE INCURRED: 03/2014 NATURE OF LIEN: Auto Loan COLLATERAL: 2006 Kia Sorento REMARKS:				\$11,992.00	\$7,427.00
Santander Consumer USA 5201 Rufe Snow Dr North Richland Hills, TX 76180		VALUE: \$4,565.00					
ACCT #: 51771019*	-	DATE INCURRED: 05/2012 NATURE OF LIEN: Auto Loan COLLATERAL: 2005 Infiniti FX35 REMARKS:				\$18,260.00	\$11,281.00
Wells Fargo Dealer Services PO Box 1697 Winterville, NC 28590		VALUE: \$6,979.00					
ACCT #: 936040918*	-	DATE INCURRED: 12/2011 NATURE OF LIEN: Mortgage COLLATERAL: 15 Butternut Way Sterling, VA 20164 REMARKS:				\$369,411.22	
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306		VALUE: \$401,560.00					

Subtotal (Total of this Page) >

Total (Use only on last page) >

\$399,984.33

\$18,708.00

\$399,984.33

\$18,708.00

(Report also on
Summary of
Schedules.)

(If applicable,
report also on
Statistical
Summary of
Certain Liabilities
and Related
Data.)

No continuation sheets attached

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.) **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

 Extensions of credit in an involuntary case

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

 Wages, salaries, and commissions

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

 Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

 Certain farmers and fishermen

Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

 Deposits by individuals

Claims of individuals up to \$2,775* for deposits for the purchase, lease or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

 Taxes and Certain Other Debts Owed to Governmental Units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

 Commitments to Maintain the Capital of an Insured Depository Institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

 Claims for Death or Personal Injury While Debtor Was Intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

 Administrative allowances under 11 U.S.C. Sec. 330

Claims based on services rendered by the trustee, examiner, professional person, or attorney and by any paraprofessional person employed by such person as approved by the court and/or in accordance with 11 U.S.C. §§ 326, 328, 329 and 330.

* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

TYPE OF PRIORITY	Taxes and Certain Other Debts Owed to Governmental Units					
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CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
ACCT #: xxx-xx-6213		DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only	Notice Only	Notice Only
IRS c/o US Attorney 2 of 3 1101 Jamieson Avenue Alexandria, VA 22314	-							
ACCT #: xxx-xx-6213		DATE INCURRED: 2012 CONSIDERATION: Taxes REMARKS:				\$1,600.00	\$1,600.00	\$0.00
IRS Centralized Insolvency OP 1 of 3 PO Box 7346 Philadelphia, PA 19101	-							
ACCT #: xxx-xx-6213		DATE INCURRED: CONSIDERATION: Notice Only REMARKS:				Notice Only	Notice Only	Notice Only
IRS Hon. Eric Holder 3 of 3 10th St & Constitution Ave NW Rm 6313 Washington, DC 20530	-							
ACCT #: 01501512		DATE INCURRED: 2014 CONSIDERATION: Personal Property Taxes REMARKS:				\$123.22	\$123.22	\$0.00
Loudoun County Treasurer's Ofc PO Box 1000 Leesburg, VA 20177	-							
ACCT #: 01332869		DATE INCURRED: 2014 CONSIDERATION: Personal Property Taxes REMARKS:				\$35.00	\$35.00	\$0.00
Loudoun County Treasurer's Ofc PO Box 1000 Leesburg, VA 20177	-							
ACCT #: xxx-xx-6213		DATE INCURRED: 2012 CONSIDERATION: Taxes REMARKS:				\$581.75	\$581.75	\$0.00
VA Dept of Taxation/Bankruptcy Dep PO BOX 2156 Richmond, VA 23218	-							

Sheet no. 1 of 1 continuation sheets
 attached to Schedule of Creditors Holding Priority Claims

Subtotals (Totals of this page) >

Total >

**(Use only on last page of the completed Schedule E.
 Report also on the Summary of Schedules.)**

Totals >

**(Use only on last page of the completed Schedule E.
 If applicable, report also on the Statistical Summary
 of Certain Liabilities and Related Data.)**

\$2,339.97	\$2,339.97	\$0.00
\$2,339.97		
	\$2,339.97	\$0.00

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 3-0803-1 000272 AAA 4619 West Ox Road Fairfax VA 22030-	-	DATE INCURRED: CONSIDERATION: Creditor REMARKS:				\$175.18
ACCT #: 40204263 AMCA Collection/Fairfax Med Labs PO Box 1235 Elmsford, NY 10523	-	DATE INCURRED: CONSIDERATION: Collection REMARKS:				\$385.27
ACCT #: 102* American Student Ast 100 Cambridge St, Ste 1600 Boston, MA 02114	-	DATE INCURRED: CONSIDERATION: Education REMARKS:				\$144,323.00
ACCT #: B Sian 20818 Gladwyne Court Ashburn, VA 20147	-	DATE INCURRED: CONSIDERATION: Creditor REMARKS:				\$400.00
ACCT #: 208345 & 208440 Busman & Busman, P.C/NFCU P.O. Box 7514 Fairfax Station, Virginia, 22039	-	DATE INCURRED: CONSIDERATION: Collection Attorney REMARKS:				Notice Only
ACCT #: 412174864346* Capital One PO Box 30281 Salt Lake City, UT 84130	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$1,291.00
Subtotal >						\$146,574.45
Total >						
(Use only on last page of the completed Schedule F.)						
(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: Horace Duggan 165 NW 197 Street Miami, FL 33169	-	DATE INCURRED: CONSIDERATION: Personal Loan REMARKS:				\$500.00
ACCT #: Jason Gylland 10521 Lariat Lane, Apt 11 Manassas, VA 20109	-	DATE INCURRED: CONSIDERATION: Personal Loan REMARKS:				\$1,000.00
ACCT #: Julet Taylor 15 Butternut Way Sterling, VA 20164	-	DATE INCURRED: CONSIDERATION: Personal Loan REMARKS:				\$500.00
ACCT #: Kamal Ali 698 Alden Street Springfield, MA 01109	-	DATE INCURRED: CONSIDERATION: Personal Loan REMARKS:				\$2,500.00
ACCT #: GV14005174-00/NFCU Loudoun County GDC 18 East Market Street Leesburg, VA 20176	-	DATE INCURRED: CONSIDERATION: Warrant in Debt REMARKS:				Notice Only
ACCT #: GV14002605-00/NFCU Loudoun County GDC 18 East Market Street Leesburg, VA 20176	-	DATE INCURRED: CONSIDERATION: Warrant in Debt REMARKS:				Notice Only
Sheet no. <u>1</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >			\$4,500.00
			Total >			
			(Use only on last page of the completed Schedule F.)			
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: xxx-xx-6213 MaxLend P.O. Box 639 Parshall, ND 58770	-	DATE INCURRED: CONSIDERATION: Payday Loan REMARKS:				\$0.00
ACCT #: Mellisa Gylland 15 Butternut Way Sterling, VA 20164	-	DATE INCURRED: CONSIDERATION: TSP Loan REMARKS:				\$22,000.00
ACCT #: 406095600097* Navy Federal Credit Union PO Box 3700 Merrifield, VA 22116	-	DATE INCURRED: CONSIDERATION: Credit Card REMARKS:				\$12,105.00
ACCT #: 252442* Navy Federal Credit Union PO Box 3700 Merrifield, VA 22116	-	DATE INCURRED: CONSIDERATION: Line of Credit REMARKS:				\$2,885.00
ACCT #: 1000014300116834* Navy Federal Credit Union PO Box 3700 Merrifield, VA 22116	-	DATE INCURRED: CONSIDERATION: Unsecured REMARKS:				\$5,287.00
ACCT #: R9525503* Penn Credit Corp/Publisher's Clearing 916 S 14th St Harrisburg, PA 17104	-	DATE INCURRED: CONSIDERATION: Collection REMARKS:				Notice Only
Sheet no. <u>2</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >			\$42,277.00
			Total >			
			(Use only on last page of the completed Schedule F.)			
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 01949857070 Publishers Clearing House PO Box 6344 Harlan, IA 51593	-	DATE INCURRED: CONSIDERATION: Creditor REMARKS:				\$252.57
ACCT #: 85413229912 Reston Hospital Center P.O. Box 740760 Cincinnati, OH 45274	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$98.84
ACCT #: 18768504 Reston Hospital Center P.O. Box 740760 Cincinnati, OH 45274	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$811.67
ACCT #: 18774739 Reston Hospital Center P.O. Box 740760 Cincinnati, OH 45274	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$1,321.68
ACCT #: Tepeyac Family Center, LLC 11135 Lee Hwy Fairfax, VA 22030	-	DATE INCURRED: CONSIDERATION: Medical Bills REMARKS:				\$487.50
ACCT #: 859000956500360301 Verizon P.O. Box 920041 Dallas, TX 75392	-	DATE INCURRED: CONSIDERATION: Utility REMARKS:				\$630.84
Sheet no. 3 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >			\$3,603.10
			Total >			
			(Use only on last page of the completed Schedule F.)			
			(Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCT #: 5865044690* Verizon Wireless PO BOX 26055 Minneapolis, MN 55426	-	DATE INCURRED: CONSIDERATION: Utility REMARKS:				\$1,130.14
ACCT #: 85410993160 West Asset Management/Reston Hosp Ctr PO BOX 790113 St Louis, MO 63179	-	DATE INCURRED: CONSIDERATION: Collection REMARKS:				Notice Only
ACCT #: Wilson Shareef, PLLC 8300 Boone Boulevard, Ste 500 Vienna, VA 22182	-	DATE INCURRED: CONSIDERATION: Attorney Fees REMARKS:				\$10,000.00
Sheet no. <u>4</u> of <u>4</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims			Subtotal >			\$11,130.14
			Total >			\$208,084.69
			(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)			

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here ➔	4. \$7,118.80	
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$1,991.89	
5b. Mandatory contributions for retirement plans	5b. \$56.94	
5c. Voluntary contributions for retirement plans	5c. \$150.00	
5d. Required repayments of retirement fund loans	5d. \$0.00	
5e. Insurance	5e. \$325.97	
5f. Domestic support obligations	5f. \$0.00	
5g. Union dues	5g. \$0.00	
5h. Other deductions. Specify: _____	5h. + \$0.00	
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$2,524.80	
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$4,594.00	
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$0.00	
8b. Interest and dividends	8b. \$0.00	
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$759.00	
8d. Unemployment compensation	8d. \$0.00	
8e. Social Security	8e. \$0.00	
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	
8g. Pension or retirement income	8g. \$0.00	
8h. Other monthly income. Specify: <u>See continuation sheet</u>	8h. + \$1,635.00	
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$2,394.00	
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$6,988.00	+ _____ = \$6,988.00
11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.		
Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.		
Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies.	12. \$6,988.00	
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.	Debtor is currently on admin leave.	
<input checked="" type="checkbox"/> Yes. Explain: _____		

8h. Other Monthly Income (details)

VA Disability

For Debtor 1 For Debtor 2 or non-filing spouse

\$960.00

Adjustment for overwithholding

\$675.00

Totals:

\$1,635.00

Fill in this information to identify your case:

Debtor 1	Mellisa	A.	Gylland
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: EASTERN DISTRICT OF VIRGINIA			
Case number (if known)	14-12981		

Check if this is:

An amended filing
 A supplement showing post-petition chapter 13 expenses as of the following date: _____
 MM / DD / YYYY
 A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

No. Go to line 2.
 Yes. Does Debtor 2 live in a separate household?
 No
 Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

No
 Yes. Fill out this information for each dependent.....

Do not state the dependents' names.

Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
<u>Daughter</u>	<u>5</u>	<input checked="" type="checkbox"/> No
		<input checked="" type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes
		<input type="checkbox"/> No
		<input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

No
 Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form B 6I.)

4. The rental or home ownership expenses for your residence.

Include first mortgage payments and any rent for the ground or lot.

If not included in line 4:

4a. Real estate taxes
 4b. Property, homeowner's, or renter's insurance
 4c. Home maintenance, repair, and upkeep expenses
 4d. Homeowner's association or condominium dues

Your expenses

4.	<u>\$2,235.00</u>
4a.	_____
4b.	_____
4c.	<u>\$50.00</u>
4d.	<u>\$8.00</u>

		<u>Your expenses</u>
5.	Additional mortgage payments for your residence, such as home equity loans	5. _____
6.	Utilities:	
6a.	Electricity, heat, natural gas	6a. _____ \$180.00
6b.	Water, sewer, garbage collection	6b. _____ \$60.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c. _____ \$200.00
6d.	Other. Specify: <u>Cell phone</u>	6d. _____ \$60.00
7.	Food and housekeeping supplies	7. _____ \$800.00
8.	Childcare and children's education costs	8. _____ \$1,300.00
9.	Clothing, laundry, and dry cleaning	9. _____ \$130.00
10.	Personal care products and services	10. _____
11.	Medical and dental expenses	11. _____ \$160.00
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. _____ \$110.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. _____
14.	Charitable contributions and religious donations	14. _____ \$657.12
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a.	Life insurance	15a. _____ \$25.80
15b.	Health insurance	15b. _____
15c.	Vehicle insurance	15c. _____ \$180.00
15d.	Other insurance. Specify: _____	15d. _____
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>Car Tax</u>	16. _____ \$33.33
17.	Installment or lease payments:	
17a.	Car payments for Vehicle 1 Car Payment	17a. _____ \$291.29
17b.	Car payments for Vehicle 2 Car Payment	17b. _____ \$1.00
17c.	Other. Specify: <u>Student Loans</u>	17c. _____ \$1.00
17d.	Other. Specify: _____	17d. _____
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).	18. _____
19.	Other payments you make to support others who do not live with you. Specify: _____	19. _____
20.	Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.	
20a.	Mortgages on other property	20a. _____
20b.	Real estate taxes	20b. _____
20c.	Property, homeowner's, or renter's insurance	20c. _____
20d.	Maintenance, repair, and upkeep expenses	20d. _____
20e.	Homeowner's association or condominium dues	20e. _____

21. Other. Specify: <u>See continuation sheet</u>	21. + <u>\$217.00</u>
22. Your monthly expenses. Add lines 4 through 21. The result is your monthly expenses.	22. <u>\$6,699.54</u>
23. Calculate your monthly net income.	
23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. <u>\$6,988.00</u>
23b. Copy your monthly expenses from line 22 above.	23b. <u>-\$6,699.54</u>
23c. Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c. <u>\$288.46</u>

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes. Explain here:

Medical needs are being neglected; therefore, expenses should increase.

21. Other. Specify:

Kids' Activities	\$95.00
Hair/Salon	\$80.00
Pet Care	\$42.00
Total:	\$217.00

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

In re **Mellisa A. Gylland**Case No. **14-12981**Chapter **13**

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$401,560.00		
B - Personal Property	Yes	5	\$18,470.37		
C - Property Claimed as Exempt	Yes	2			
D - Creditors Holding Secured Claims	Yes	1		\$399,984.33	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$2,339.97	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		\$208,084.69	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	3			\$6,988.00
J - Current Expenditures of Individual Debtor(s)	Yes	4			\$6,699.54
TOTAL		25	\$420,030.37	\$610,408.99	

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

In re **Mellisa A. Gylland**Case No. **14-12981**Chapter **13**

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11, or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$2,339.97
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$0.00
Student Loan Obligations (from Schedule F)	\$144,323.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$0.00
TOTAL	\$146,662.97

State the following:

Average Income (from Schedule I, Line 12)	\$6,988.00
Average Expenses (from Schedule J, Line 22)	\$6,699.54
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$8,837.80

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$18,708.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$2,339.97	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$0.00
4. Total from Schedule F		\$208,084.69
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$226,792.69

DECLARATION CONCERNING DEBTOR'S SCHEDULES
DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 27 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date 8/29/2014

Signature *Is/ Mellisa A. Gylland*
Mellisa A. Gylland

Date _____

Signature _____

[If joint case, both spouses must sign.]

In re: Mellisa A. Gylland

Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS**1. Income from employment or operation of business**

None

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the TWO YEARS immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$80,849.00	2014 Projected Income
2013 Income	
\$81,864.00	2012 Income

2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the TWO YEARS immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
\$11,520.00	2014 Projected VA Disability
\$11,520.00	2013 VA Disability
\$9,108.00	2014 Projected Child Support
\$9,108.00	2013 Child Support

3. Payments to creditors*Complete a. or b., as appropriate, and c.*

None

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 DAYS immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Wells Fargo Home Mortgage PO Box 10335 Des Moines, IA 50306	within the last 90 days	\$3,726.33	
Car Payment	within the last 90 days	\$1,061.58	

UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF VIRGINIA
ALEXANDRIA DIVISION

Document Page 29 of 41

In re: Mellisa A. Gylland

Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 1

None b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 DAYS immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225*. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

None c. All debtors: List all payments made within ONE YEAR immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None a. List all suits and administrative proceedings to which the debtor is or was a party within ONE YEAR immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Navy Federal Credit Union	Warrant in Debt	Loudoun County GDC 18 East Market Street Leesburg, VA 20176	Trial 8/12/2014

v.

Jackson, Mellisa
(Case# GV14002605-00)

Navy Federal Credit Union	Warrant in Debt	Loudoun County GDC 18 East Market Street Leesburg, VA 20176	Trial 8/12/2014
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v.

Jackson, Mellisa
(Case# GV14005174-00)

None b. Describe all property that has been attached, garnished or seized under any legal or equitable process within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

In re: **Mellisa A. Gylland**Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 2

6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within 120 DAYS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None

List all gifts or charitable contributions made within ONE YEAR immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None

List all losses from fire, theft, other casualty or gambling within ONE YEAR immediately preceding the commencement of this case OR SINCE THE COMMENCEMENT OF THIS CASE. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within ONE YEAR immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Robert R. Weed Law Offices 45575 Shepard Dr #201 Sterling VA 20164	08/08/2014	\$1,800.00 AJ
MoneySharp Credit Counseling	08/08/2014	\$20

10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within TWO YEARS immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFeree, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
	June 2013	Borrowed \$2265 from life insurance - used money for bills/living expenses
	March 2014	Traded 2005 Honda CRV for 2006 Kia Sorento

b. List all property transferred by the debtor within TEN YEARS immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

In re: **Mellisa A. Gylland**Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 3

11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within ONE YEAR immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within ONE YEAR immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 DAYS preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None

If the debtor has moved within THREE YEARS immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within EIGHT YEARS immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

In re: **Mellisa A. Gylland**Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS*Continuation Sheet No. 4*

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material.

 Indicate the governmental unit to which the notice was sent and the date of the notice.

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is

 or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.**18. Nature, location and name of business**

None

 a. If the debtor is an individual, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within SIX YEARS immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within SIX YEARS immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within SIX YEARS immediately preceding the commencement of this case.

None

 b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within SIX YEARS immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement ONLY if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None

 a. List all bookkeepers and accountants who within TWO YEARS immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None

 b. List all firms or individuals who within TWO YEARS immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None

 c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None

 d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within TWO YEARS immediately preceding the commencement of this case.

In re: **Mellisa A. Gylland**Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS
*Continuation Sheet No. 5***20. Inventories**

None

a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None

b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None

a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None

b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None

a. If the debtor is a partnership, list each member who withdrew from the partnership within ONE YEAR immediately preceding the commencement of this case.

None

b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within ONE YEAR immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during ONE YEAR immediately preceding the commencement of this case.

24. Tax Consolidation Group

None

If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within SIX YEARS immediately preceding the commencement of the case.

25. Pension Funds

None

If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within SIX YEARS immediately preceding the commencement of the case.

In re: **Mellisa A. Gylland**Case No. 14-12981

(if known)

STATEMENT OF FINANCIAL AFFAIRS

Continuation Sheet No. 6

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 8/29/2014Signature /s/ Mellisa A. Gylland
of Debtor Mellisa A. Gylland

Date _____

Signature _____
of Joint Debtor
(if any)

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both.

18 U.S.C. §§ 152 and 3571

The applicable commitment period is 3 years. The applicable commitment period is 5 years. Disposable income is determined under § 1325(b)(3). Disposable income is not determined under § 1325(b)(3).

(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. REPORT OF INCOME

Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.												
a. <input checked="" type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.												
b. <input type="checkbox"/> Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.												
1 All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.			Column A Debtor's Income									
2 Gross wages, salary, tips, bonuses, overtime, commissions.			\$7,118.80									
3 Income from the operation of a business, profession, or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 3. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part IV.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td><td>Gross receipts</td><td style="text-align: right;">\$0.00</td></tr> <tr> <td>b.</td><td>Ordinary and necessary business expenses</td><td style="text-align: right;">\$0.00</td></tr> <tr> <td>c.</td><td>Business income</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>			a.	Gross receipts	\$0.00	b.	Ordinary and necessary business expenses	\$0.00	c.	Business income	Subtract Line b from Line a	\$0.00
a.	Gross receipts	\$0.00										
b.	Ordinary and necessary business expenses	\$0.00										
c.	Business income	Subtract Line b from Line a										
4 Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">a.</td><td>Gross receipts</td><td style="text-align: right;">\$0.00</td></tr> <tr> <td>b.</td><td>Ordinary and necessary operating expenses</td><td style="text-align: right;">\$0.00</td></tr> <tr> <td>c.</td><td>Rent and other real property income</td><td style="text-align: right;">Subtract Line b from Line a</td></tr> </table>			a.	Gross receipts	\$0.00	b.	Ordinary and necessary operating expenses	\$0.00	c.	Rent and other real property income	Subtract Line b from Line a	\$0.00
a.	Gross receipts	\$0.00										
b.	Ordinary and necessary operating expenses	\$0.00										
c.	Rent and other real property income	Subtract Line b from Line a										
5 Interest, dividends, and royalties.			\$0.00									
6 Pension and retirement income.			\$0.00									
7 Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.			\$759.00									
8 Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td><td style="width: 25%; text-align: center;">Debtor \$0.00</td><td style="width: 25%; text-align: center;">Spouse</td></tr> </table>			Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse	\$0.00						
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$0.00	Spouse										
9 Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">a. VA Disability</td><td style="width: 25%; text-align: center;">\$960.00</td><td style="width: 25%;"></td></tr> <tr> <td>b.</td><td></td><td></td></tr> </table>			a. VA Disability	\$960.00		b.			\$960.00			
a. VA Disability	\$960.00											
b.												

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$8,837.80	
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		\$8,837.80

Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD

12	Enter the amount from Line 11.		\$8,837.80
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		
	b.		
	c.		
	Total and enter on Line 13.		\$0.00
14	Subtract Line 13 from Line 12 and enter the result.		\$8,837.80
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.		\$106,053.60
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)		
	a. Enter debtor's state of residence: <u>Virginia</u>	b. Enter debtor's household size: <u>2</u>	\$66,470.00
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed.		
	<input type="checkbox"/> The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.		
	<input checked="" type="checkbox"/> The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement.		

Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME

18	Enter the amount from Line 11.		\$8,837.80
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.		
	a.		
	b.		
	c.		
	Total and enter on Line 19.		\$0.00

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$8,837.80
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	\$106,053.60
22	Applicable median family income. Enter the amount from Line 16.	\$66,470.00
23	<p>Application of § 1325(b)(3). Check the applicable box and proceed as directed.</p> <p><input checked="" type="checkbox"/> The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.</p> <p><input type="checkbox"/> The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.</p>	

Part IV. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

24A	<p>National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>		\$1,092.00																						
24B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.</p>																								
	<table border="1"> <thead> <tr> <th colspan="2">Persons under 65 years of age</th> <th colspan="2">Persons 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td>a1.</td> <td>Allowance per person</td> <td>\$60.00</td> <td>a2.</td> <td>Allowance per person</td> <td>\$144.00</td> </tr> <tr> <td>b1.</td> <td>Number of persons</td> <td>2</td> <td>b2.</td> <td>Number of persons</td> <td></td> </tr> <tr> <td>c1.</td> <td>Subtotal</td> <td>\$120.00</td> <td>c2.</td> <td>Subtotal</td> <td>\$0.00</td> </tr> </tbody> </table>		Persons under 65 years of age		Persons 65 years of age or older		a1.	Allowance per person	\$60.00	a2.	Allowance per person	\$144.00	b1.	Number of persons	2	b2.	Number of persons		c1.	Subtotal	\$120.00	c2.	Subtotal	\$0.00	\$120.00
Persons under 65 years of age		Persons 65 years of age or older																							
a1.	Allowance per person	\$60.00	a2.	Allowance per person	\$144.00																				
b1.	Number of persons	2	b2.	Number of persons																					
c1.	Subtotal	\$120.00	c2.	Subtotal	\$0.00																				
25A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.</p>		\$554.00																						

25B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. DO NOT ENTER AN AMOUNT LESS THAN ZERO.</p> <table border="1" data-bbox="166 327 1395 481"> <tr> <td data-bbox="166 327 220 369">a.</td><td data-bbox="220 327 1019 369">IRS Housing and Utilities Standards; mortgage/rent expense</td><td data-bbox="1019 327 1395 369">\$2,515.00</td></tr> <tr> <td data-bbox="166 369 220 432">b.</td><td data-bbox="220 369 1019 432">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47</td><td data-bbox="1019 369 1395 432">\$2,236.00</td></tr> <tr> <td data-bbox="166 432 220 481"></td><td data-bbox="220 432 1019 481">c. Net mortgage/rental expense</td><td data-bbox="1019 432 1395 481">Subtract Line b from Line a.</td></tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$2,515.00	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$2,236.00		c. Net mortgage/rental expense	Subtract Line b from Line a.	\$279.00
a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$2,515.00									
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$2,236.00									
	c. Net mortgage/rental expense	Subtract Line b from Line a.									
26	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>										
27A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. <input type="checkbox"/> 0 <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$277.00									
27B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$0.00									

	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 2 or more.										
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.										
	<table border="1"> <tr> <td>a.</td><td>IRS Transportation Standards, Ownership Costs</td><td>\$517.00</td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47</td><td>\$199.87</td></tr> <tr> <td>c.</td><td>Net ownership/lease expense for Vehicle 1</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$517.00	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$199.87	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$317.13
a.	IRS Transportation Standards, Ownership Costs	\$517.00									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47	\$199.87									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.										
	<table border="1"> <tr> <td>a.</td><td>IRS Transportation Standards, Ownership Costs</td><td></td></tr> <tr> <td>b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47</td><td></td></tr> <tr> <td>c.</td><td>Net ownership/lease expense for Vehicle 2</td><td>Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs		b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47		c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	
a.	IRS Transportation Standards, Ownership Costs										
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47										
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.	\$2,025.22									
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.	\$56.94									
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.	\$106.83									
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.	\$0.00									
34	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$0.00									
35	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare--such as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.	\$1,300.00									
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.	\$40.00									
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service--such as pagers, call waiting, caller id, special long distance, or internet service--to the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.	\$50.00									
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$6,218.12									

Subpart B: Additional Living Expense Deductions**Note: Do not include any expenses that you have listed in Lines 24-37**

	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.										
39	<table border="1"> <tr> <td>a.</td><td>Health Insurance</td><td>\$244.94</td></tr> <tr> <td>b.</td><td>Disability Insurance</td><td>\$0.00</td></tr> <tr> <td>c.</td><td>Health Savings Account</td><td>\$0.00</td></tr> </table>	a.	Health Insurance	\$244.94	b.	Disability Insurance	\$0.00	c.	Health Savings Account	\$0.00	\$244.94
a.	Health Insurance	\$244.94									
b.	Disability Insurance	\$0.00									
c.	Health Savings Account	\$0.00									
	Total and enter on Line 39 IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below: _____										
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN LINE 34.	\$0.00									
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$0.00									
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.										
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.	\$0.00									
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.	\$38.00									
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). DO NOT INCLUDE ANY AMOUNT IN EXCESS OF 15% OF YOUR GROSS MONTHLY INCOME.	\$657.12									
46	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$940.06									

Subpart C: Deductions for Debt Payment

47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					\$2,443.87
	Total: Add Lines a, b and c					
a.	Forest Ridge HOA	15 Butternut Way Sterling, V	\$8.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
b.	Santander Consumer USA	2006 Kia Sorento	\$199.87	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
c.	Wells Fargo Home Mortgage	15 Butternut Way Sterling, V	\$2,236.00	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.					
	Total: Add Lines a, b and c					
a.	Wells Fargo Home Mortgage	15 Butternut Way Sterling, VA 2	\$186.32			
b.						
c.						
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.					\$39.00
50	Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense.					
	a. Projected average monthly chapter 13 plan payment.					\$100.00
	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					6.2 %
	c. Average monthly administrative expense of chapter 13 case					Total: Multiply Lines a and b
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.					\$2,675.39
	Subpart D: Total Deductions from Income					
52	Total of all deductions from income. Enter the total of Lines 38, 46 and 51.					\$9,833.57

Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)

53	Total current monthly income. Enter the amount from Line 20.	\$8,837.80
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.	\$759.00

55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).	\$150.00															
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$9,833.57															
57	<p>Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: left;">Nature of special circumstances</th> <th style="text-align: right;">Amount of expense</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">Total: Add Lines a, b, and c</td> </tr> </tbody> </table>		Nature of special circumstances	Amount of expense	a.			b.			c.					Total: Add Lines a, b, and c	\$0.00
	Nature of special circumstances	Amount of expense															
a.																	
b.																	
c.																	
		Total: Add Lines a, b, and c															
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.	\$10,742.57															
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	(\$1,904.77)															

Part VI: ADDITIONAL EXPENSE CLAIMS

<p>Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: left;">Expense Description</th> <th style="text-align: right;">Monthly Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td></td> <td></td> </tr> <tr> <td>c.</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td style="text-align: right;">Total: Add Lines a, b, and c</td> </tr> </tbody> </table>				Expense Description	Monthly Amount	a.			b.			c.					Total: Add Lines a, b, and c
	Expense Description	Monthly Amount															
a.																	
b.																	
c.																	
		Total: Add Lines a, b, and c															
60		\$0.00															

Part VII: VERIFICATION

<p>I declare under penalty of perjury that the information provided in this statement is true and correct. <i>(If this is a joint case, both debtors must sign.)</i></p>		
61	Date: <u>8/29/2014</u>	Signature: <u>/s/ Mellisa A. Gylland</u> Mellisa A. Gylland
	Date: _____	Signature: _____ <small>(Joint Debtor, if any)</small>

2. Gross wages, salary, tips, bonuses, overtime commissions.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor							

Dept of State

\$6,571.20	\$6,571.20	\$6,571.20	\$9,856.80	\$6,571.20	\$6,571.20	\$6,571.20	\$7,118.80
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7. Regular contributions to the household expenses of the debtor or the debtor's dependents, including child or spousal support.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor							

Child Support

\$759.00	\$759.00	\$759.00	\$759.00	\$759.00	\$759.00	\$759.00	\$759.00
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9. Income from all other sources.

Debtor or Spouse's Income	Description (if available)						
	6 Months Ago	5 Months Ago	4 Months Ago	3 Months Ago	2 Months Ago	Last Month	Avg. Per Month
Debtor							

VA Disability

\$960.00	\$960.00	\$960.00	\$960.00	\$960.00	\$960.00	\$960.00	\$960.00
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